

KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY

GUIDELINES FOR DEEP PHYSICAL AGENT MODALITIES (DPAM) SUPERVISOR APPLICATION PROCESS

The supervised treatment sessions required for DPAM specialty certification must be sufficiently detailed to allow the DPAM Specialty Certification Supervisor to determine the supervisee's skills. Treatment sessions shall be completed under the direct supervision of a person approved by the Board. 201 KAR 28:170.

In accordance with The Occupational Therapy Practice Act, KRS 319A .080 (4), and the Administrative Regulations, 201 KAR 28:170, which provide procedures for putting the Act into practice, licensed individuals seeking DPAM Specialty Certification must demonstrate competence in DPAM application through completion of five (5) supervised treatment sessions. In order for an individual to be approved as a DPAM Specialty Certification Supervisor, the following items are required by KBLOT:

- A. Completed *DPAM Supervisor Application Form*.

Mail To:

**Kentucky Board of Licensure for Occupational Therapy
P.O. Box 1360
Frankfort, KY 40602**

**DEEP PHYSICAL AGENT MODALITIES SPECIALTY CERTIFICATION (DPAM)
SUPERVISOR APPLICATION**

1. Supervisor Name _____
Last First Middle Maiden

2. Address _____
Mailing Address

City State Zip

3. Daytime Phone ____ - ____ Other Phone ____ - ____

4. State Regulatory Agency Licensed or Certified by _____

5. Address of Regulatory Agency _____
Mailing Address

City State Zip

6. License or Certification Number _____

7. ☐ Yes ☐ No I am **currently** licensed or certified by the above regulatory agency and am in good standing with the agency.

8. ☐ Yes ☐ No I certify that I have at least one year of clinical experience in the use of DPAMs.

9. ☐ Yes ☐ No I certify that I am qualified to determine a DPAM Specialty Certification Applicant's knowledge, skills and competence in the following areas:

- (a) the ability to evaluate the client and make appropriate selection of the DPAM to be utilized,
- (b) knowledge of effects of the DPAM utilized in treatment,
- (c) the ability to explain the precautions, contraindication, and rationale of the specific DPAM utilized,
- (d) the ability to formulate and justify the intervention plan specifically delineating the adjunctive strategy associated with the DPAM,
- (e) the capability to safely and appropriately administer the DPAM, and
- (f) the ability to properly document the parameters of intervention which include the client's response to treatment and recommendations for the progression of the intervention process.

10. ☐ Yes ☐ No I understand that each applicant supervised must complete five treatment sessions including at least one session in the following areas:

- (a) Iontophoresis
- (b) Ultrasound, and
- (c) Electrical Stimulation

11. ☐ Yes ☐ No I have attached a copy of my current professional practice license.

SUPERVISOR'S AFFIDAVIT

I, the applicant named in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my DPAM Supervision status could be revoked by the Kentucky Board of Licensure for Occupational Therapy.

Signature of DPAM Supervisor Applicant

Date